

Application Data Sheet

Application Information

Application number::	
Filing Date::	07/01/03
Application Type::	Regular
Subject Matter::	Utility
Title::	METHODS AND DEVICES FOR TREATING ANEURYSMS
Attorney Docket Number::	020979-000510US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	8
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	MARK
Family Name::	DEEM
City of Residence::	Mountain View
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	685 Sierra Avenue
City of Mailing Address::	Mountain View
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94041

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: HANSON
Middle Name:: S.
Family Name:: GIFFORD
Name Suffix:: III
City of Residence:: Woodside
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3180 Woodside Road
City of Mailing Address:: Woodside
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: BERNARD
Family Name:: ANDREAS
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 633 California Way
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: SUNMI
Family Name:: CHEW
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1599 Martin Avenue
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RON
Family Name:: FRENCH
City of Residence:: Santa Clara
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1564 Heatherdale
City of Mailing Address:: Santa Clara
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: DOUG
Family Name:: SUTTON
City of Residence:: Pacifica
State or Province of Residence:: CA

Country of Residence:: US
Street of Mailing Address:: 1595 Adobe Drive
City of Mailing Address:: Pacifica
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94044

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/393,697	07/02/02